

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH8659
State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>920</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>50 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>3761 FLORA AVENUE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GABRIEL</u> b. (Middle) <u>FILARDO</u> c. (Last) <u>FILARDO</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEB - 26 - 1950</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 23 - 1858</u>	
9. AGE (In years last birthday) <u>90 YRS.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. REAL ESTATE</u>		11. BIRTHPLACE (State or foreign country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN FILARDO</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>HOLISA FILARDO</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HARRIA MORRIS</u>		18. ADDRESS <u>3761 FLORA, K.C., MO.</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIO SCLEROTIC HEART DISEASE</u> INTERVAL BETWEEN ONSET AND DEATH II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>JAN. 29, 1950</u> , to <u>FEB 26, 1950</u> , that I last saw the deceased alive on <u>FEB 26, 1950</u> , and that death occurred at <u>7:00 A. M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>1030 E. Pacific K.C. Mo.</u>		23c. DATE SIGNED <u>FEB 27 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 1</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>		25. ADDRESS <u>O.H. Newcomer's Sons K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-28-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		26. (Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson } ss.

State File No. 8659
Local Registrar's No. 920-50

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of April, 1950, before me appears Harry A. Morris, who, upon his oath, states that the original record of ~~birth~~ death for Gabriel Filardo died February 26, 1950, in the State of Missouri, and which was filed at Kansas City on Feb., 1950, should be corrected as follows:

Item No. 7 should read December 23, 1859

Instead of December 23, 1858

Item No. 9 should read 90 yrs.

Instead of 91 yrs.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Harry A. Morris - Grandson

Relationship.

3761 Flora - K. C. Mo

Present Address.

Subscribed and sworn to before me this 6th day of April, 1950

My Commission expires 2-27-54

P. M. Reilly

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.